

situations necessitating the emergency intervention of Federal officials. By calling a number such as 1-800-BAD-CARE, patients and health care workers could disclose any information about life-threatening situations in a hospital. If the situation warrants, such as the case in Tampa, FL, when the Health Care Financing Agency sent out an emergency team to a hospital that amputated the wrong limb of a patient, then OCAH could call upon HHS to investigate.

Moreover, each health plan would be required to form a consumer-dominated Independent Consumer Advisory Committee [ICAC]. This committee would provide outreach to its members—patients—by holding hearings, and forums to facilitate discussion between a health plan and the community. ICAC would help establish safe staffing levels, and quality-care criteria to which the health plan must adhere. Members of ICAC would be selected by a classified lottery procedure. Health plan members interested in serving would be placed not four categories: senior citizens, parents of children under 18, individuals with disabilities, and all other health plan members.

Finally, the Patient and Health Care Provider Protection Act would outlaw the gag order on nurses and doctors who must be free to communicate effectively with their patients. This bill contains strong whistle blower protections that prohibit the discharge, demotion, or harassment of any nurse, doctor, or other health care professionals who assist in an investigation of his or her employer.

There are many bills floating around that accomplish some of the goals outlined here, but in piecemeal fashion. Patient safety cannot be achieved in this way. A comprehensive approach is necessary to make sure patients are aware of who is treating them, are knowledgeable about the effects of a hospital's restructuring plan, are armed with a potent voice to affect the policies of the health plan, and possess some recourse if their safety is endangered. At the same time, the value of nurses' work must not be undermined. As individuals on the front lines of the health care delivery system, nurses and aides must be well-trained and free to act in ways that foster, rather than compromise, the quality of patient care.

Mr. Speaker, I strongly urge all of my colleagues to support this bill as a bold form of advocacy for the health care consumer—the patient. It is budget-neutral and would be financed by requiring health plans to contribute only 1 percent of their revenues to fund the Office of Consumer Advocacy for Health and the Independent Consumer Advisory Committees in each State. This is a small price to pay to protect patients, and to protect the integrity of such data on which the medical community should base its decisions. Congress has unequivocal role in assuring that cutting costs and increasing one's profit are not priorities of health care delivery at the expense of patient care quality and safety.

GLENS FALLS MARINE CORPS LEAGUE CELEBRATES 50TH ANNIVERSARY

HON. GERALD B.H. SOLOMON

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

Saturday, September 28, 1996

Mr. SOLOMON. Mr. Speaker, today I rise to speak about two of the organizations in this country that I hold nearest and dearest to my heart: The United States Marine Corps, and Memorial Detachment Number 2 of the Marine Corps League, in Glens Falls, NY.

Anyone here who knows me at all, knows me as a Marine, probably because I've always been ready for a dog-fight over something I believe in. That's because, as a young Marine, I learned two things: accomplish your mission, and always take care of your buddies.

Well, Mr. Speaker, those basic principles have been carried by Marines everywhere, and the Marine Corps League, and Memorial Detachment No. 2 in Glens Falls is no different. They are veterans of World War Two, the Korean War, Vietnam and the Gulf War who have taken up arms in defense of this country. They are Marines who wore the uniform in times of so-called peace and placed themselves in harms way to keep that truce during the cold war and beyond.

And on top of that, for 50 years now, the Glens Falls detachment has been looking out not only for their fellow Marines in Glens Falls and the greater Adirondack area of New York, but for their communities and neighbors as well. Programs like Toys for Tots, which provide disadvantaged children with toys and gifts they might not otherwise receive during the Christmas season are a trademark of the Marine Corps League. And, the countless Christmas baskets they deliver to needy families over all their years serve as a continued reminder of the importance of community service and looking out for your buddies.

Mr. Speaker, the Glens Falls detachment has been celebrating their 50 year anniversary in the community throughout the year. And what better time for the ceremonies to culminate than on November 9 of this year, 1 day before the 221st birthday of the Marine Corps in this country.

On that note, I wanted to take the time to recognize all those fellow Marines who chartered Memorial Dispatch Number 2 back in 1946. Ten people were on the charter application: Joseph Fiore, Dante Orsini, Frank Orsini, Len Johnson, Raymond Charlebois, Jim Butterfield, Henry Knickerbocker, Guy D'Angelico, Dominick Fallacaro and Donald Weeks. Also on board in 1946 were: Francis Benware, Candelores Catalgamo, Mrs. Jane Lewis Crannell, Murray Crannell, George Deeb, Robert DeLoria, Joseph DeSare, Tullio DelSignore, Guy Fiore, Robert W. Gilligan, Arlus Fontaine, Gardner Goodro Jr., Edward Guy, Walt Hammer, Abraham Hoffis, Pete LaBarge, Dan Lawler, James Lawler, Herman Marino, Joseph McGuirk, Norman Miles, Fred Moody, John Murray, William Noonan, Dennis O'Leary, John Omiencinski, Adelon Potvi, William Ringrow, Kenneth Scribner, Robert Wilber, Joseph Gavita, Francis Smith, George Smith, Eugene Henneman, Leonard Rollo, Paul Abrey, George Shomaker, Robert Barrett, Ray Bortholomew, Earl Balcolm, George Austin and Irving Sexton.

Mr. Speaker, these are the members who set the course for Glens Falls Detachment on the heels of World War Two. Several of them were called back for the Korean War as well. And these are the Marines who I joined in my hometown of Glens Falls after my service in the Marine Corps. I owe my personal gratitude to them for starting this invaluable organization.

At this time, Mr. Speaker, I ask that you and all Members join me in paying tribute to them and all members, past and present, who have accomplished their mission and then some over the last 50 years.

REDUCE INCIDENCE OF HOUSEHOLD FIRES

HON. CURT WELDON

OF PENNSYLVANIA

IN THE HOUSE OF REPRESENTATIVES

Saturday, September 28, 1996

Mr. WELDON of Pennsylvania. Mr. Speaker, we are continually bombarded by news of disasters in our country. But unfortunately, the disaster that befalls more than 400,000 families each year is fire. While the number of household fires has been reduced, these fires continue to cause more than \$4 billion in damage. According to the National Fire Protection Association, the most frequent cause of household fires is something that seems so simple—careless cooking.

Recognizing this situation exists, the Association of Home Appliance Manufacturers, representing the producers of kitchen ranges and ovens, has stepped forward to create awareness of this issue and focus educational efforts toward reducing the incidence of these needless fires.

The home appliance manufacturers joined with the National Association of State Fire Marshals and conducted an intense survey of careless cooking fires in 10 major jurisdictions in the United States. The survey results tell us some interesting things about careless cooking fires.

First, in nearly ¾ of fires, the person responsible for the cooking was not in the area at the time the fire broke out. Unattended cooking has long been the single greatest cause of these fires.

Second, in nearly ⅔ of the fires, the person left the area rather than fight the fire. But in those cases where someone stayed to try and deal with it, nearly half used incorrect methods to do so, often increasing their risk of injury and damage to the home.

Third, half of the people responsible for careless cooking fires were between the ages of 30 and 49, not the very old or very young. This number is far larger than the population represented by this age group.

Fourth, consistent with other studies of inner city and disadvantaged populations, a disproportionately high number of careless cooking fires seem to have occurred in minority households. Minority populations appear to be at particular risk for fire and should receive special attention in any education effort.

Using this study, the Association of Home Appliance Manufacturers and several other public safety groups, fire departments, and the U.S. Fire Administration are working together to help change the basic behavior. Special projects made possible by the appliance manufacturers are underway. For example, nearly